

CALIFORNIA ACUPUNCTURE BOARD
REQUEST FOR CONTINUING EDUCATION (CE) COURSE APPROVAL FORM

[Must be in English (CCR, Title 16, Division 13.7, Section 1399.484)]

Please Print or Type

Name of Provider _____ CE Provider No. _____

Address _____ E-Mail Address _____

Name of CE Contact _____ Phone _____ Fax _____

Course Title _____

Course Date(s) _____ Requested No. of CE Hours _____

☐ On-site Course Location _____

☐ Distant or Home Study Course

Instructor(s) _____

Has the board approved the above course with your organization within the past two years? ☐ Yes / Date _____ ☐ No

If YES, the provider, current course content, number of CE hours, and lecturers must be identical as presented in the past.
(Where a previously approved course is to be repeated, the provider shall apply to the board for approval of each subsequent administration of the course.)

Will there be any publicity or advertisement for these courses? ☐ Yes ☐ No

If YES, submit a copy of the publicity/advertisement (with refund policy clearly stated) for the board's review.

By signing below, I affirm, under penalty of perjury, under the laws of the State of California, that I have read and will comply with the continuing education regulations and that all statements contained in this application are true and correct.

Signature _____ Date _____

Print Name _____ Title _____

For Acupuncture Board's Use Only

Course within 45-day timeframe ☐ Yes ☐ No

Course application complete ☐ Yes ☐ No

☐ **APPROVE** ☐ **DENY**

Authorized Signature: _____

Date: _____

COURSE OBJECTIVES

NAME OF COURSE _____

Please provide the course objectives and include information on how this course relates to the scope of practice of acupuncture in California. Use additional sheets if necessary.

[illegible]

COURSE SCHEDULE/OUTLINE

Please provide a breakdown of topics that will be covered during each day of the course. When counting the number of CE hours, use the standard academic hour (50 minutes) for each CE hour (lunches may not be considered for CE hours).

Starting and ending times:

From	-	To	Topics to be covered during this time:
_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

INSTRUCTOR INFORMATION
[A separate 'Instructor Information' Sheet must be completed for each instructor]

Instructor's Name _____

Complete Section 'A' if the instructor is an acupuncturist; otherwise, go to Section 'B':

Section A:

Is the instructor a California licensed acupuncturist? ☐ Yes ☐ No

If Yes - License Number _____

If No, please identify License Number and Name of State _____

Is the acupuncturist authorized to act as a guest acupuncturist in accordance with Section 4949 of the Business and Professions Code? ☐ Yes ☐ No

Is the instructor free of any disciplinary order or probation imposed by the board? ☐ Yes ☐ No

Is the instructor knowledgeable, current and skillful in the subject matter of the course as evidenced through one of the following:

1. Possess a baccalaureate or higher degree from a college/university and provided written documentation of experience in the subject matter ☐ Yes ☐ No

Degrees Earned:

From [Name of the Educational Institution]

2. Documents experience in teaching similar subject matter content within the two years preceding the course ☐ Yes ☐ No

3. Documents experience of at least one years (within the last two years) in the specialized area in which he or she is teaching. ☐ Yes ☐ No

Section B:

If the instructor is a non-acupuncturist, does he or she meet all of the following requirements?

1. Is currently licensed or certified in his or her area of expertise, if appropriate ☐ Yes ☐ No

Title of License or Certificate

License Number and Name of State

2. Provided written evidence of specialized training, that may include, but not be limited to, a certificate of training or an advanced degree in a given subject area. ☐ Yes ☐ No

3. Provided evidence of at least one years' documented teaching experience within the last two years in the specialized area in which he or she teaches. ☐ Yes ☐ No

**Sample
ATTENDANCE RECORD
(Must be retained by provider for four years)**

Continuing Education Provider Name

ACP Number

Date(s) of Course: _____

Course Location: _____

Name of Course: _____

CE Hours/Credits: _____

Instructor Name: _____

Printed Name	Signature	License No.	CE hours
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
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_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____

VERIFIED BY:

Instructor's Signature

Date

Provider's Signature

Date

**Sample
PARTICIPANT EVALUATION FORM
(Must be retained by provider for four years)**

CE Provider Name and Number

Date(s) of Course

Course/Seminar Title

Instructor Name

Participant's Name and License Number

Date of Evaluation

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Did this course meet its stated objectives?

Did the instructor demonstrate adequate knowledge of the course subject?

Did the instructor utilize appropriate teaching methods?

Do you feel that you will be able to apply what you have learned today to your practice?

Would you recommend this course to other licensed acupuncturists?

Additional Comments:

Sample
CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

AC # _____,

**HAS SUCCESSFULLY COMPLETED _____ HOURS OF CALIFORNIA ACUPUNCTURE BOARD
APPROVED CONTINUING EDUCATION.**

Course Title

Completion Date

Course Location

Provider Name: _____ **Provider No.:** _____

Instructor's Signature

Date

Provider's Authorized Signature

Date

California licensed acupuncturists are required to retain records of all continuing education programs attended which indicate the provider's name, title of the course, date(s) and location of course, and number of continuing education credits awarded. (CCR Section 1399.489(f))